

## Research

# Birth Talk, Birth Culture: Midwifery Perspectives of Labour Pain

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**I am an applied linguist who examines birth pain narratives. I am interested not only in pain language, but also how culture impacts on language. In order to better understand midwifery perspectives of labour pain, I ran a workshop entitled *Birth***

***Talk, Birth Culture: What do mothers say and do during labour? A workshop on the language of labour pain at the International Confederation of Midwives Conference in Prague, June 2014.***

The aims of the workshop were to bring into focus midwives' experiences including their non-technical skills, understanding, and expertise in the phenomenon of labour pain, and further develop their cultural awareness and communication skills. There were several discussion points around personal pain perspectives, visual perceptions of labour pain, and professional pain perspectives.

We started the workshop by asking midwives what the word 'pain' was in their language. We used visual word prompts in a variety of languages to initiate the discussion as we anticipated that the majority of the group would be using English as a second or third language.

In English, 'pain' derives from the Greek *poiné* and Latin *poena* meaning 'penalty' and from Old French *peine* meaning 'punishment,' 'suffering,'. We discovered that the multicultural and multilingual group of midwives (novice and experienced) had quite diverse meanings of 'pain' in their native language. In one culture, 'pain' meant two different things; there was a word for 'emotional pain' and a word for 'physical pain', which were used interchangeably depending on the pain event. Another participant explained that 'pain' in their written language had two characters, one which meant 'disease' and one which literally meant 'increasing'. A further participant explained that in their language 'pain' meant 'a wound with increasing intensity'. We could see the similarities between languages, but also the nuances

which conveyed pain i.e. an emotion, a pathology, or as a phenomenon that always changed.

Midwives also reflected on their childhood experiences of pain. Culture and previous pain experiences influence how one perceives, experiences and responds to pain (Moerman 2002, Singer & Baer 2011). However, cultural and social patterns on physiological activity may be in conflict with the biological needs of the individual in pain (Zborowski 1952). This was clear in some of the personal anecdotes, for example, a child being shown lots of attention by her mother and being told 'you poor thing', accompanied by hugs and kisses; this was viewed as the 'make a fuss' approach, which was used regardless of whether the injury was minor or severe. Conversely, there was the expectation of stoicism, which was accompanied by the mindset of 'there is nothing wrong with you/ 'get up and keep going'.

In reflecting upon their professional experience, one midwife talked about how she explained birth to primiparas. She demonstrated to the group what she shows primiparas using actions and movement i.e. she encourages women to move their hips in a certain way in order to facilitate the birth process, and to work with these movements leading up to and during labour.

I then showed the group images of women in labour and asked them to describe what they thought was happening in that particular moment, with a focus on the pain experience. For example, a picture of a birthing woman who was positioned on her back prompted an interesting debate between two midwives from the same country. One midwife felt that the lithotomy position was normal as it was considered standard practice in the hospital where she worked; her colleague disagreed citing the reasons why the lithotomy position may cause issues for the birthing woman and her baby during labour. Other participants viewed this image as 'not normal' and they thought the birthing woman looked uncomfortable.

These insights suggest the influence of the workplace culture on midwifery practice and the potential impact on a birthing woman's pain experience i.e. what looks 'comfortable' to one midwife, may not be deemed as a comfortable position by their colleague in another hospital. Moreover, what is deemed an 'acceptable' position to facilitate labour in one hospital context may not necessarily be the best practice for the birthing woman. Perhaps one of the strongest images we received in the group was the metaphor provided by a participant, who compared the birthing woman to a beetle flailing on its back. This strong image conveys the potential emotional and physical vulnerability a woman may feel during labour.

We introduced the 'The Coping With Labor Algorithm' (Roberts et al. 2010) which outlines cues which act as a guide to determine if a birthing woman is coping or not with the sensations of labour. These cues are part of

pain language i.e. words, touch (haptics), use of space (proxemics), body movement (kinesics), and paralanguage such as vocalisations. One participant related that she had witnessed a birthing woman, who after becoming distressed during labour, began to hit her husband in the face. The midwife found this confronting although she could appreciate why this woman would be frustrated with the pain. Another participant had seen a birthing woman talking on the phone throughout her labour, only stopping when the pain became harder to manage, and then she continued to talk after the contraction passed. This prompted discussion around coping mechanisms for pain.

The cultural context in which the mother lives her everyday life is different from the cultural context in which she gives birth (Fahey et al. 2013). Therefore, the midwife is an observer who can maintain sensitivity to cultural similarities and differences in the management of pain; she/ he can identify cues rather than wait for or rely upon a verbal request, and avoid making assumptions based on stereotypes that may hinder the dyadic (often intercultural) communication process between the midwife and the birthing woman.

In understanding midwifery perspectives of how women experience labour pain, anecdotally we heard from the group that midwives bring not only their professional selves (their midwifery education and their workplace culture), but also their 'ethnolinguistic' selves, which includes their cultural understandings of pain and their personal experiences with pain, to their role of midwife. There was a variety of worldviews and a great enthusiasm for discussion around labour pain, especially when viewing images of women in labour, which suggests regular interactive workshops regarding cultural perspectives of labour pain and/ or pain communication would be beneficial for non-technical skill development. Such workshops provide opportunity for deeper reflection regarding the interpretation of cues in labour, which would complement technical skill development.

## References

- Fahey, JO Cohen, SR Holme, F Buttrick, ES Dettinger, JC Kestler, E & Walker, DM 2013, Promoting Cultural Humility During Labor and Birth, *Journal of Perinatal Neonatal Nursing*, vol. 27, no. 1, pp. 36-42.
- Moerman, DE 2002, *Meaning, medicine, and the "placebo effect"*, Cambridge: Cambridge University Press.
- Roberts, L Gulliver, B Fisher, J & Cloyes, KG 2010, The Coping With Labor Algorithm: An Alternative Pain Assessment Tool for the Laboring Woman, *Journal of Midwifery & Women's Health*, vol. 55, no. 2, pp. 107-116.
- Singer, M & Baer, H 2011, *Introducing Medical Anthropology: A Discipline in Action*, 2nd edn, Plymouth: AltaMira Press.
- Zborowski, M 1952, Cultural Components in Responses to Pain, *Journal of Social Issues*, vol. 8, no. 4, pp. 16-30. ■